

## Attachment 38 – Revised Reporting Requirements

Monthly Deliverables	Due on the 15th day of the following calendar month unless otherwise noted in the RFP or agreed to in writing by the MCO and MLTC.	
Quarterly Deliverables	Due 45 calendar days after the end of the most recent quarter unless otherwise noted in the RFP or agreed to in writing by the MCO and MLTC.	
Semi-Annual Deliverables	Due as specified in this attachment.	
Annual Deliverables	Reports, files, and other deliverables due annually must be submitted within 30 calendar days following the 12th month of the contract year, except those reports that are specifically exempted from the 30-calendar day deadline by this RFP or by written agreement between MLTC and the MCO.	
Ad Hoc Deliverables	Ad hoc reports must be submitted within five business days from the date of request, unless otherwise specified by MLTC.	
If a due date falls on a weekend or State-recognized holiday, the deliverable is due the next business day. All reports must be submitted in an MLTC provided template or in a format approved by MLTC.		
Monthly Deliverables	Description	Due Date
Claims Processing and Timely Payment of Claims	Summary data on claims payment activity and reasons for claims denials, per reporting requirements provided by MLTC. Include the disposition of every adjudicated and adjusted claim for each claim type.	15th day of the following calendar month
Provider Termination	All provider terminations by category and termination cause.	15th day of the following calendar month
Third Party Resource	All instances in which a TPR was identified for a member as described in Section IV.P - MCO Reimbursement.	15th day of the following calendar month
Claims Payment Accuracy	Claims payment accuracy percentages as described in Section IV.S - Claims Management.	15th day of the following calendar month
Member Grievance System (Grievance)	Summary of new grievances, resolved grievances, and status of unresolved grievances. This report is required monthly for the first six months after the contract start date and will then be required quarterly.	15th day of the following calendar month for the first six months, then 45 calendar days following the most recent quarter

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Member Grievance System (Appeals)	Summary of new appeals, completed appeals, and status of each ongoing appeal. This report is required monthly for the first six months after the contract start date and will then be required quarterly.	15th day of the following calendar month for the first six months, then 45 calendar days following the most recent quarter
Member Grievance System (Expedited Appeals)	Summary of new expedited appeals, completed expedited appeals, and status of each ongoing expedited appeal. This report is required monthly for the first six months after the contract start date and will then be required quarterly.	15th day of the following calendar month for the first six months, then 45 calendar days following the most recent quarter
Member Grievance System (State Fair Hearings)	Summary of new state fair hearings, concluded state fair hearings, and status of each ongoing state fair hearing. This report is required monthly for the first six months after the contract start date and will then be required quarterly.	15th day of the following calendar month for the first six months, then 45 calendar days following the most recent quarter
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New Referrals of Potential Fraud, Waste, Abuse and Erroneous Payments	Summary of new referrals as described in Section IV.O - Program Integrity.	Second Friday of the following calendar month

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All Referrals of Fraud, Waste, Abuse, and Erroneous Payments Under Review by the MCO	Summary of all referrals as described in Section IV.O - Program Integrity.	Second Friday of the following calendar month
Overpayments Identified and Collected	Summary of overpayments as described in Section IV.O - Program Integrity.	Second Friday of the following calendar month
Provider Who Have Left the MCO Network	Summary of provider network departures as described in Section IV.O - Program Integrity.	Second Friday of the following calendar month
Miscellaneous Fraud Prevention Efforts	Summary of the MCO's fraud prevention efforts as described in Section IV.O - Program Integrity.	Second Friday of the following calendar month
Pharmacy Prior Authorizations	Prior authorizations summary, including clinical and technical prior authorizations, peer review, and peer to peer consultation statistics.	15th day of the following calendar month
Pharmacy Technical and Clinical Call Center	Performance summary for call center metrics, pharmacy services, prior authorization request turnaround time, and training issues.	15th day of the following calendar month
Pharmacy Claims Processing	Summary data and analysis on pharmacy claims processing including: generic analysis (will be detailed by MLTC), MAC priced medications, claims adjudication system availability and payment statistics, number of prescriptions dispensed by public retail pharmacies (mail order pharmacies and specialty pharmacies included but delineated), total members utilizing pharmacy claims system, and total membership.	15th day of the following calendar month
Psychotropic Medications for Youth	Summary of prior authorization and utilization relating to clinical edits.	15th day of the following calendar month
PDL Load	Data documenting that the PDL file was received and loaded weekly.	15th day of the following calendar month
Behavioral Health Residential Wait List	Summary data, by member, of the number of days before a member is accepted into a program and, by member, the number of days before the member is admitted to the program.	15th day of the following calendar month
Out of State Placement	Summary data of the number of members placed in out of state residential treatment.	15th day of the following calendar month
Eligible and Number Authorized	Summary data documenting by cohort the number of members eligible for and receiving behavioral health services.	15th day of the following calendar month

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Welcome Calls	Results of welcome calls to new members as described in Section IV.F - Members Services and Education.	15th day of the following calendar month
Hospice	Data summarizing hospice admissions.	15th day of the following calendar month
Medically Necessary State Wards in Residential Treatment	Data summarizing the number of state wards deemed "medically necessary" who are in residential treatment.	15th day of the following calendar month
Claims Adjudicated	Data summarizing claims adjudicated to finalization in the previous calendar month as described in Section IV.O - Program Integrity.	Second Friday of the following calendar month
Member/Provider Call Center	Data summarizing MCO member/provider call center performance, including call abandonment rate and average speed to answer.	15th day of the following calendar month
Quarterly Deliverables	Description	Due Date
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Drug Utilization Management Retrospective Educational Intervention Project	Project update in a format approved by MLTC.	45 calendar days following the most recent quarter
Prospective DUR Statistics	DUR statistics to support preparation of MLTC's annual CMS DUR report.	45 calendar days following the most recent quarter
Pharmacy Financial Report	Summary data on committed pharmacy dollars, pharmacy total claims dollars, MCO supplemental rebate dollars, and MAC savings.	45 calendar days following the most recent quarter
Pharmacy Utilization Management	Data summarizing pharmacy utilization management categories including, but not limited to: quantity limits, prior authorization, step therapy, dose optimization, MAC, top 100 drugs, and top 50 drug categories listed by expenditures and claim count.	45 calendar days following the most recent quarter
PDL Compliance	Data documenting accuracy in dispensing medications in PDL categories.	45 calendar days following the most recent quarter
Care Management Report	Summary data and metric results as determined by MLTC.	45 calendar days following the most recent quarter
Enrollment and Disenrollment Report	Summary of disenrollments as described in Section IV.B - Eligibility and Enrollment.	45 calendar days following the most recent quarter

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Out of Network Referrals	Data and analysis summarizing out of network provider authorizations.	45 calendar days following the most recent quarter
Provider Network Access	Summary data and metrics on network access as determined by MLTC and described in Attachment 2 - Access Standards.	45 calendar days following the most recent quarter
Provider Network Adequacy	Summary data and metrics demonstrating network adequacy as determined by MLTC and described in Attachment 2 - Access Standards.	45 calendar days following the most recent quarter
Provider Network Cultural Competency Access	Summary data and metrics on cultural competency access as determined by MLTC.	45 calendar days following the most recent quarter
Provider Network PCP Access	Summary data and metrics on PCP access as determined by MLTC and described in Attachment 2 - Access Standards.	45 calendar days following the most recent quarter
Provider Credentialing	Data and metrics summarizing the number of providers credentialed by licensure type, their location, and the status of pending credentials.	45 calendar days following the most recent quarter
Quality Oversight Committee	Committee activity summary as described in Section IV.M - Quality Management.	45 calendar days following the most recent quarter
Service Verification Detail	Data detailing service verifications as described in Section IV.S - Claims Management and Section IV.O - Program Integrity.	45 calendar days following the most recent quarter
Service Verification Summary	Service verification summary as described in Section X - Claims Management and Section IV.O - Program Integrity.	45 calendar days following the most recent quarter
Utilization Management - Authorization	Summary data and metric results as determined by MLTC.	45 calendar days following the most recent quarter

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Utilization Management - Claims	Summary data and metric results as determined by MLTC.	45 calendar days following the most recent quarter
Quality Performance	Summary data and metric results as determined by MLTC.	45 calendar days following the most recent quarter
Restraint and Seclusion	Data summarized, by behavioral health provider, on the number of incidents of restraint or seclusion by program type and location.	45 calendar days following the most recent quarter
Contracted Residential Beds	Summary data on the number of behavioral health-related residential beds available state-wide.	45 calendar days following the most recent quarter
Critical Incident Reporting	Summary data on the number of critical incident reports by behavioral health facility and location.	45 calendar days following the most recent quarter
Quarterly Financial Reporting	Data and analysis summarizing financial results as determined by MLTC and as described in Section IV.T - Reporting and Deliverables.	45 calendar days following the most recent quarter
30 day Ambulatory/Inpatient Readmission Rates	Summary data on the number of individuals readmitted to the emergency room 30 or more days post the prior admission.	45 calendar days following the most recent quarter
7 and 30 Day Ambulatory Follow-up Following Residential Discharge	Summary data on the number of individuals presenting to the emergency room 30 days after discharge from Acute Psych or SUD.	45 calendar days following the most recent quarter
Admissions and Readmits to Psych Inpatient	Data summarizing the number of admissions and readmits to psych inpatient, including Psychiatric Residential Treatment Facilities and Therapeutic Group Homes.	45 calendar days following the most recent quarter
Value-Added Services	Summary of value added services as agreed upon by the MCO and MLTC.	45 calendar days following the most recent quarter

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Indian Health Services	Data and metrics summarizing Indian Health Service delivery.	45 calendar days following the most recent quarter
Medication Therapy Management	Data and analysis that summarizes MTM program activities, the effectiveness of the program over the reporting period, and the objectives and implementation plan for the next reporting period.	45 calendar days following the most recent quarter
Subrogation	Data summarizing new and ongoing instances of subrogation.	45 calendar days following the most recent quarter
Top Ten Diagnoses by Service Category	Data summarizing the top ten diagnoses by service category.	45 calendar days following the most recent quarter
Semi-Annual Deliverables	Description	Due Date
Member Advisory Committee Report	Narrative of the activities of the MCO's Member Advisory Committee as described in Section IV.M - Quality Management.	June 30 and December 31
Paid Claims Audit	Results of error rate measurement data processing, medical necessity, and provider documentation audit of a statistically valid random sample of paid claims as described in Section IV.O - Program Integrity.	June 30 and December 31
Annual Deliverables	Description	Due Date
Quality Management Program Description and Work Plan	Discussion of the MCO's quality goals, initiatives and work plan as described in Section IV.M – Quality Management.	30 calendar days following the 12th month of the contract year
Quality Management Program Evaluation	Data and analysis summarizing the results of the annual quality work plan as described in Section IV.M - Quality.	30 calendar days following the 12th month of the contract year
Member Satisfaction Survey	Data and analysis summarizing results of the annual member satisfaction survey.	30 calendar days following the 12th month of the contract year



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Deficiency CAP Reports (All Provider Types)	Results and status of all corrective action plans by provider type.	30 calendar days following the 12th month of the contract year
Direct Medical Education/Indirect Medical Education Verification	For the state fiscal year, financial information on direct and indirect medical costs as required by MLTC in accordance with 471 NAC.	Due date to be provided prior to contract start
Performance Improvement Projects	Data summarizing annual results of each new and ongoing PIP.	30 calendar days following the 12th month of the contract year
HEDIS Report	HEDIS results.	June 30
CHIPRA Quality Measures	CHIPRA performance measure results.	45 calendar days following the 12th month of the contract year
Adult Core Measures	Adult Core Measures results.	45 calendar days following the 12th month of the contract year
Provider Survey	Data and analysis summarizing results of the annual provider satisfaction survey. The provider satisfaction survey tool and methodology must be submitted to MLTC for approval at least 90 days prior to its administration.	30 calendar days following the 12th month of the contract year
Facility Satisfaction Survey	Data and analysis summarizing results of the annual facility provider satisfaction survey.	30 calendar days following the 12th month of the contract year
Annual Financial Reporting	Data and analysis summarizing financial results as determined by MLTC and as described in Section IV.T - Reporting and Deliverables.	30 calendar days following the 12th month of the contract year

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Fraud, Waste, Abuse, and Erroneous Payments Annual Plan	Compliance plan addressing requirements outlined in Section IV.O - Program Integrity.	Last day of the contract year
Annual Program Integrity Confirmation	Signed form acknowledging responsibilities related to the receipt of State and federal funds as described in Section IV.O - Program Integrity.	December 31
Department of Insurance Financial Report	Copy of annual audited financial statement submitted to the Nebraska Department of Insurance.	June 1
Network Development Plan	Details of the MCO's network, including GeoAccess reports, and a discussion of any provider network gaps and the MCO's remediation plans, as described in Section IV.I – Provider Network Requirements.	November 1
Utilization Management Program Review	Data and analysis summarizing the MCO's annual evaluation of its UM program.	30 calendar days following the 12th month of the contract year
<b>Legislative Reports</b>	<b>Description</b>	<b>Due Date</b>
LB 1063 - Children's Health and Treatment Act	Data and Geo Access reports related to youth Medicaid mental health authorization requests (all children ages 0-19) and Medicaid mental health authorization requests (all age groups reported by ages 0-18 years, 19-64 years, and 65+ years)	Quarterly reports submitted to Nebraska Legislature on January 1, April 1, July 1, and October 1 by MLTC.
LB 1160 Legislative Report	Number of state wards receiving behavioral health services as of September 1 immediately preceding the date of the current report; percentage of children denied Medicaid reimbursed services and the level of placement requested; and children in residential treatment.	Upon DHHS request.